PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

3003-4-5

CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHER THAN		
			(Column 1)		(Colu	(Column 2)		TYPE		OR	SMALL	ENTIT	Υ
TOTAL CLAIMS			30					RATE	FEE		RATE	FE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.0	00
TOTAL CHARGEABLE CLAIMS			了り minus 20=		. 10			X\$ 9=	125	OR	X\$18=		
INE	DEPENDENT C	LAIMS	5 minus 3 =		* 2			X43=	86	OR	X86=		
ML	JLTIPLE DEPEN	IDENT CLAIM P	RESENT					+145=	6	OR	+290=		
• if	the difference	in column 1 is	less than ze	ess than zero, enter "0" in co				TOTAL	· 0, ~	OR	TOTAL		
5 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							_	SMALL	ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION FEE	AL
	Total	. 23	Minus	** 3	0	=		X\$ 9=	-	OR	X\$18=	1	
	Independent	. 4	Minus	***	ي			X43=		OR	X86=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM	Щ	1	+145=		OR-	£290=	(
•	••	٠. ٠.				• • • • •	L	TOTAL	1.	OR	TOTAL		
(Column 1) (Column 2) (Column 3)											ADDIT. FEE		
		CLAIMS		HIGH	EST	(Colonii: 3)	l r		ADDI-	1		ADD	1-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE .	TIONAL FEE		RATE	TION	AL
	Total	*	Minus	** .		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		<u> -</u>	1	X43=		OR	X86=		
	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM		'	+145=		OR	+290=	A.	
			TOTAL DDIT, FEE	·	OR	TOTAL ADDIT, FEE							
		(Column 1)		(Colum	າກ 2)	(Column 3)	Î						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION/ FEE	AL
	Total	*	Minus	** .		= .		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		= .		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┞			Un			-
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		_
** [f the "Highest Nur If the "Highest Nur	- A	TOTAL DDIT. FEE		OR ,	TOTAL ODIT. FEE		4					
		ber Previously Paid					er four	nd in the app	ropriate box	in col	ımn 1.		